



WILD WEST WINTERFEST

Experience the West

FEBRUARY 12 - 14, 2010

Gallatin County Fairgrounds Events Park

901 North Black Avenue, Bozeman, MT 59715

Phone: (406) 582-3270 Fax: (406) 582-3273

www.wildwestwinterfest.org

email: fairgrounds@gallatin.mt.gov



DOXIE DERBY

SUNDAY – FEBRUARY 14, 2010

Entries taken at 2:30pm

Races begin at 3:00pm

Exhibit Building 1

No Entry Fee



ENTRY FORM

(One Dachshund per form)

CLASS* (check one)

_____ **STANDARD**
(over 11 lbs.)

_____ **MINIATURE**
(11 lbs. & under)

DACHSHUND'S NAME _____

SEX _____ **AGE** _____ **WEIGHT** _____

Owner's Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____ **E-mail** _____

PLEASE SIGN WAIVER ON BACK

WAIVER

I, _____ of _____, Gallatin County, Montana, hereby affirm I am using the premises, including, but not limited to, Exhibit Bldg 1 belonging to Gallatin County and known as the Gallatin County Fairgrounds for the purposes of The Doxie Derby and by so doing I certify that I am cognizant of all inherent dangers of this activity.

In consideration of being allowed to use said premises, I hereby personally assume all risks in connection with such use and also agree to protect and defend the County and its elected and appointed officials, agents and employees and to hold them harmless from and against any and all claims, demands and causes of action of any nature whatsoever in anything arising from the acts of omissions of the contestant and/or his/her agents, employees or representatives under this Agreement whether foreseen or unforeseen.

I further state that I am of lawful age and legally competent to sign this affirmation and release, and that I understand the terms herein are contractual and not mere recital and that I have signed this document as my own free act.

I have fully informed myself of the contents of this Affirmation and Release and have read it before I signed it.

IN WITNESS WHEREOF, I execute this Affirmation and Release at Bozeman, Montana, on the _____ day of

_____, _____.

Signature _____

(Signature of Parent/Guardian if Minor) _____